

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 MAR -4 AM 11:47

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Tony Khoury for Senate 2016

ADDRESS (number and street)

P.O. BOX 565087

☐

(Check if address  
is changed)

MIAMI

FL

33256

5087

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

tonyk@tonykhouryforsenator.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

www.tonykhouryforsenator.com

2. DATE

03

1

2016

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Louisa Joseph

Signature of Treasurer

*Louisa Joseph*

Date

03

01

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

201603040200079498

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Anton Khoury

Candidate Party Affiliation

NPA

Office Sought:

☐

House

☒

Senate

☐

President

State

FL

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C

201603040200079499

Write or Type Committee Name

Tony Khoury for Senate 2016

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Anton Khoury

Mailing Address

P.O.Box 565087

Miami

FL

33256

- 5087

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Louisa Joseph

Mailing Address

P.O.Box 565087

Miami

FL

33256

- 5087

Title or Position

CITY

STATE

ZIP CODE

Telephone number

201603040200079500

Full Name of  
Designated  
Agent

Larry Wolfe

Mailing Address

7695 S.W. 104 St.

Suite 220

Miami

CITY

FL

STATE

33156

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

305 - 661 - 2222

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Sunstate Bank

Mailing Address

14095 South Dixie Highway

Miami

CITY

FL

STATE

33176

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

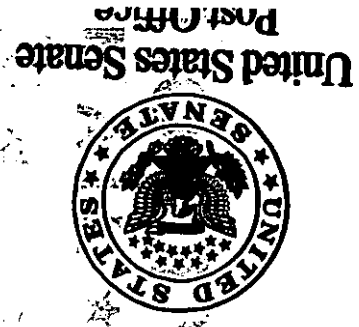
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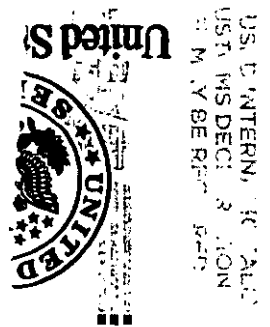
United States Senate  
Post Office

UNITED STATES POSTAL SERVICE  
Post Office

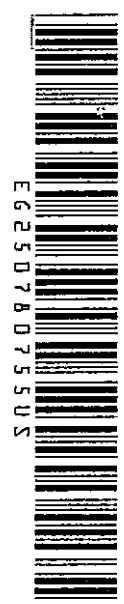
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FOR  
INSPECTION



July 2013 OD: 12.5 x 9.5  
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ORIGIN (POSTAL SERVICE USE ONLY)			
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Date Accepted		Postage	
Mo. Day Year		Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		Scheduled Date of Delivery	
Flat Rate <input type="checkbox"/> or Weight		Month Day	
lbs. ozs.		Scheduled Time of Delivery	
		Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM <input type="checkbox"/> 5 PM	
		Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
		Int'l Alpha Country Code	
		Acceptance Emp. Initials	
FROM: (PLEASE PRINT)		PHONE ( )	

DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt		Time	
Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt		Time	
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Delivery Date		Time	
Mo. Day		<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY			
<input type="checkbox"/> NO DELIVERY			
<input type="checkbox"/> WEEKEND			
<input type="checkbox"/> HOLIDAY			
Mailing Signature			
TO: (PL N T) E I			
ZIP + 4 (U.S. ADD. ISSUES OF Y. DO.)			
SE FOR FURNISH POSTA. (ONES)			
FOR INTERNATIONAL DESTINATIONS, WRITE "COUNTRY NAME P.T.O."			

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Senate Post Office  
MAR 02 2016

UNITED STATES POSTAL SERVICE  
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33116  
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL 3/1/16  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

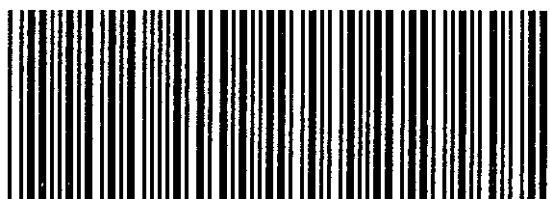
RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 3/4/16



SEN PATCH



SEN PATCH

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